

APPLICATION FOR PRESCRIPTION SAFETY GLASSES

In accordance with the DPS memorandum on ""Provision of Prescription Safety Glasses," as amended, the following application is submitted:

Name _____
Division/Dept. _____
Job Title _____
Position No. _____

1. The employee (already wears) or (is required to wear) prescription glasses.
(Cross out the non-applicable provision.)
2. The employee is required to perform work where machines, environment, or operations present eye hazards of harmful liquids or flying materials of any kind.
 - a. Briefly describe the work requiring the use of safety glasses.

 - b. Check off the eye hazards involved:

	<u>Yes</u>	<u>No</u>
(1) Flying objects (Rocks, sticks, metal Chips, etc.)	___	___
(2) Fixed protruding objects (Tree limbs, reinforcing iron, etc.)	___	___
(3) Liquids (Acids, cleaning detergents, paint, etc.)	___	___
(4) Dust (industrial) (Grinding, sanding, blasting)	___	___
(5) Others (describe)	___	___

3. There is a reasonable probability of injury to the employee's eyes that can be prevented by use of prescription safety glasses.

Yes ___ No ___

 - a. How often is the employee exposed to the eye hazards?
Once a day ___ Once a week ___
Irregular intervals___ (explain) _____

4. Does the employee already possess prescription safety glasses meeting the requirements of the American National Standard for Occupational and Educational Eye and Face Protection (Z87.1-1968)?

Yes ____ No ____

5. Replacement (Fill in only if it is for replacement)

- a. Was the prescription safety glasses and/or frame (damaged) or (lost) in the performance of his duties?

Yes ____ No ____

(1) What was damaged? Lens ____ Frame ____

(2) How was it damaged? (Describe) _____

- b. Did the employee's vision change? Yes ____ No ____

(1) Is there a doctor's certificate to verify the vision change?

Yes ____ No ____

6. How many pairs of prescription safety glasses was this employee issued this calendar year? _____

The employee verifies that the answers to the statement are correct to the best of his knowledge.

Signed by Employee

Date

It is recommended that the employee be provided with prescription safety glasses in accordance with the DPS memorandum.

Supervisor

Date

Approved/Disapproved

Departmental Representative

Date

Distribution: Employee
Department
DPS (Training, Employee Relations and Safety Div.)

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